

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	
	Indep	Depend	Indep	Depend	Indep	Depend					
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8	1						58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
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18		1					68				
19		1					69				
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25		1					75				
26		1					76				
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28		1					78				
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37		1					87				
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39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49		1					99				
50		1					100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				